

FILED FEB 24 1942
Registration District No. **702**

Primary Registration District No. **101 002**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3917 Federer Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3917 Federer Place
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louis Koertel
3. (b) If veteran, name war..... 3. (c) Social Security No. 489-03-0827

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 3, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 8 ..hr. ..min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Wire & Iron Worker

11. Industry or business Ornamental Wire & Iron Wks

MOTHER FATHER { 12. Name John Koertel
13. Birthplace Hessen Darmstadt Germany
(City, town, or county) (State or foreign country)
14. Maiden name Leich
15. Birthplace Hessen Darmstadt Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Geroge Koertel
(b) Address 3917 Federer Place

17. (a) burial (b) Date thereof 1/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director John Zugenhernd
(b) Address 7027 Gravois

19. (a) JAN 12 1942 (b) J. J. Bredek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th
year 1942 hour 10 minute A M.
21. I hereby certify that I attended the deceased from Jan 13 - 1940
19..... to Jan 11 1942
that I last saw him alive on Jan 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: ABC
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify typical place) (e) Means of injury.....
23. Signature Joseph L. Lamm (M. D. or other)
Address 2700 Washington Ave Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *B. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address..... *7027 Gravois*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.